



# Public Health

Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Dorothy F. Teeter, MHA, Interim Director and Health Officer

## For Office Only

Service Req. ID \_\_\_\_\_

Permit Fee \_\_\_\_\_

Processed by \_\_\_\_\_

Date \_\_\_\_\_

Seattle Office Location: 700 5<sup>th</sup> Ave., Floor 20, Seattle WA 98104-5070, Telephone (206) 296-1175  
Mailing Address for Seattle Office Only: Plumbing/Gas Permits – DPD P.O. Box 34019, Seattle, WA 98124-4019  
Bellevue Office Location: 14350 SE Eastgate Way, Bellevue, WA 98007, Telephone (206) 296-4932

## Application for Plumbing Permit

Project Location: \_\_\_\_\_  
Street Address Unit # City Zip Code

Property Owner Name (s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Parcel Number

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Building Type: ☐ Commercial ☐ Single Family ☐ Multi-Family

Building Phase: ☐ New Construction ☐ Alteration

Contractor/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

State Labor & Industries Contractor Registration Number: \_\_\_\_\_ Check # \_\_\_\_\_

Base Fee  
For 1 Fixture ..... \$95.00 (**Non-Refundable**) Over 1 fixture ..... \$10.00 Each  
(Example: Only 1 Fixture = \$95.00, 2 Fixtures = \$105.00, 3 Fixtures = \$115, 4 Fixtures = \$125.00 etc.)

Fixture Description	Fixture Count	Fee
WATER CLOSET (Toilet)		
BATHTUB (with or without shower head)		
SHOWER		
WASH BASIN/HAND SINK		
KITCHEN SINK		
DISHWASHER		
HOT WATER TANK		
LAUNDRY TRAY/MOP SINK		
CLOTHESWASHER		
RESTAURANT SINK (Single or Multiple Compartment)		
FLOOR SINK/FLOOR DRAIN		
ROOF DRAIN		
GREASE TRAP OR INTERCEPTOR		
SAND AND/OR OIL INTERCEPTOR		
MOVE-ON (Manufactured Structures)		
<b>TOTAL FIXTURES AND PERMIT FEE</b>		

Application Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Contractor or Owner (or Authorized Agent)

Applicant Mailing Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27) AND INSTALLER CERTIFICATION (RCW 18.106).